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PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) T723-00												
<table border="1"> <tr> <td colspan="2">In re Application of Elderling</td> </tr> <tr> <td>Application Number</td> <td>09/658,204</td> </tr> <tr> <td colspan="2">Filed 08 SEPT 2000</td> </tr> <tr> <td colspan="2">For TARGETED ADVERTISING THROUGH ELECTRONIC PROGRAM GUIDE</td> </tr> <tr> <td>Art Unit</td> <td>2611</td> </tr> <tr> <td colspan="2">Examiner USHA, RAMAN</td> </tr> </table>			In re Application of Elderling		Application Number	09/658,204	Filed 08 SEPT 2000		For TARGETED ADVERTISING THROUGH ELECTRONIC PROGRAM GUIDE		Art Unit	2611	Examiner USHA, RAMAN	
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Art Unit	2611													
Examiner USHA, RAMAN														

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>210.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: 105.00

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 501535.

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number \_\_\_\_\_

attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 54,896

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

9/23/2004

Date

CH

Signature

215-766-2100

Telephone Number

Craig Hallacher

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. (703)872-9306.

PATENT

Date: 9/24/04Patti Hespell

Patti Hespell

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLN NUMBER 09/658,204	FILING DATE 08 SEPTEMBER 2000	FIRST NAMED INVENTOR ELDERING	PAT'TY DKT. NO. T723-00
TITLE TARGETED ADVERTISING THROUGH ELECTRONIC PROGRAM GUIDE		ART. UNIT 2611	EXAMINER USHA, RAMAN

Assistant Commissioner for Patents  
Arlington, VA 22313

Fee Only

## AMENDMENT

This Amendment is being submitted in response to the Office Action mailed May 7, 2004, the current response date being extended two months to October 7, 2004 with a two-month extension submitted herewith. Please enter the following amendments and consider the following remarks.

Amendment

-1-

09/658,204

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

91658204

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	\$385	BASIC FEE	\$770
X\$9=		X\$18=	
X\$13=		X\$6=	
+145=		+390=	
TOTAL		TOTAL	

## CLAIMS AS AMENDED - PART II

912404

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	57	Minus ** 49 = 8
Independent	*	5	Minus *** 3 = 2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=	72	X\$18=	
X\$13=	86	X\$6=	
+145=		+390=	
TOTAL ADDIT. FEE	158.00	TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		X\$18=	
X\$13=		X\$6=	
+145=		+390=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$9=		X\$18=	
X\$13=		X\$6=	
+145=		+390=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.